

Name
in
Full

CERTIFICATE OF DEATH

Ann Rebecca Bond
Town *St Leonard* County *Calvert*

MARYLAND

Died at *St Leonard* *Calvert*
Date of death *1908* Month *July* Day *24* Age *71* Years Months Days

Sex *Female* Color or Race *White* Birth place *Calvert Co md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Husband *John T. Bond*

Father's Name *Joseph Griffiths* Father's Birthplace *Calvert Co md*

Mother's Maiden Name *Ann Warlicks* Mother's Birthplace *Calvert Co md*

Name of person giving information *B. B. Bond* How related to deceased *Brother in law*

CAUSES OF DEATH

74

Primary *Nervitis* How long *About 2 yrs*

Immediate *Prostration* How long

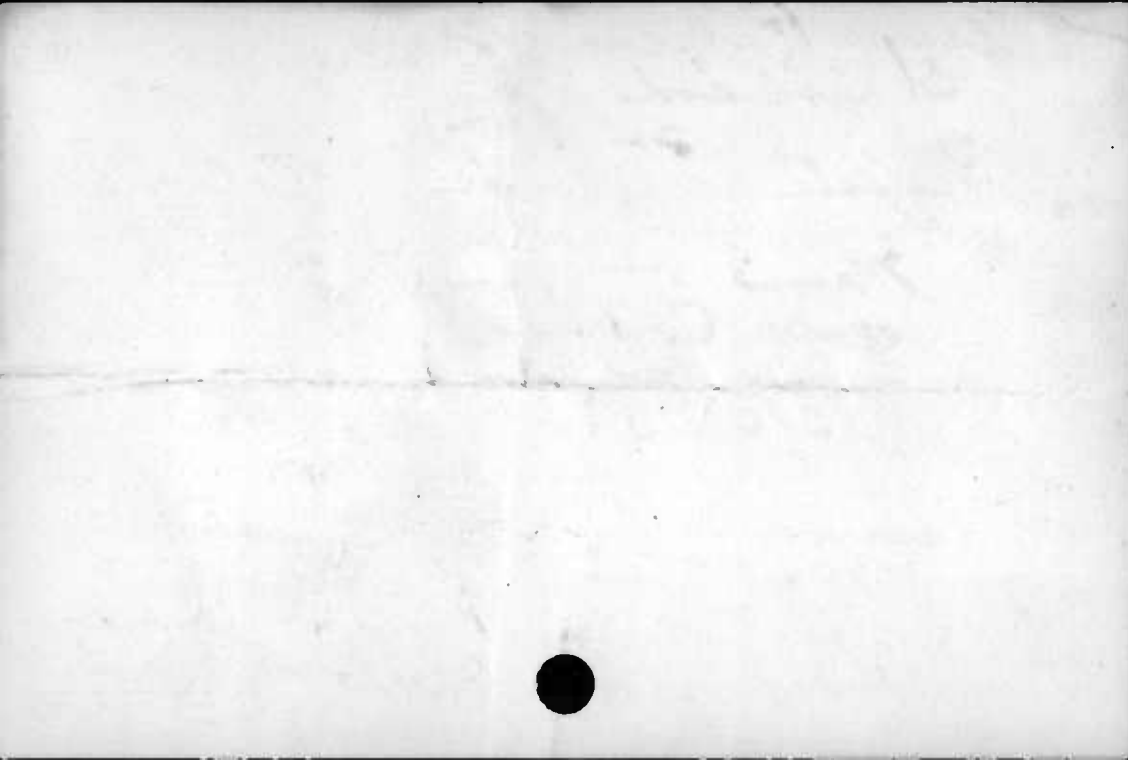
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. J. Chamberlain*

Address *Lansby Calvert Co Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Quinn & Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Island Creek</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>3</u>	Age <u>50</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Caucasian</u>		Birth-place <u>Calvert</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>at home</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Genevieve Wilson</u>				
Father's Name <u>Not known</u>	Father's Birthplace <u>Ca</u>		Mother's Birthplace <u>Calvert</u>		
Mother's Maiden Name <u>Vernie Brooks</u>	How related to deceased <u>Cousin</u>		Name of person giving information <u>Quinn Brooks</u>		

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary	<u>Heart & lung trouble</u>	How long	<u>12 hrs.</u>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

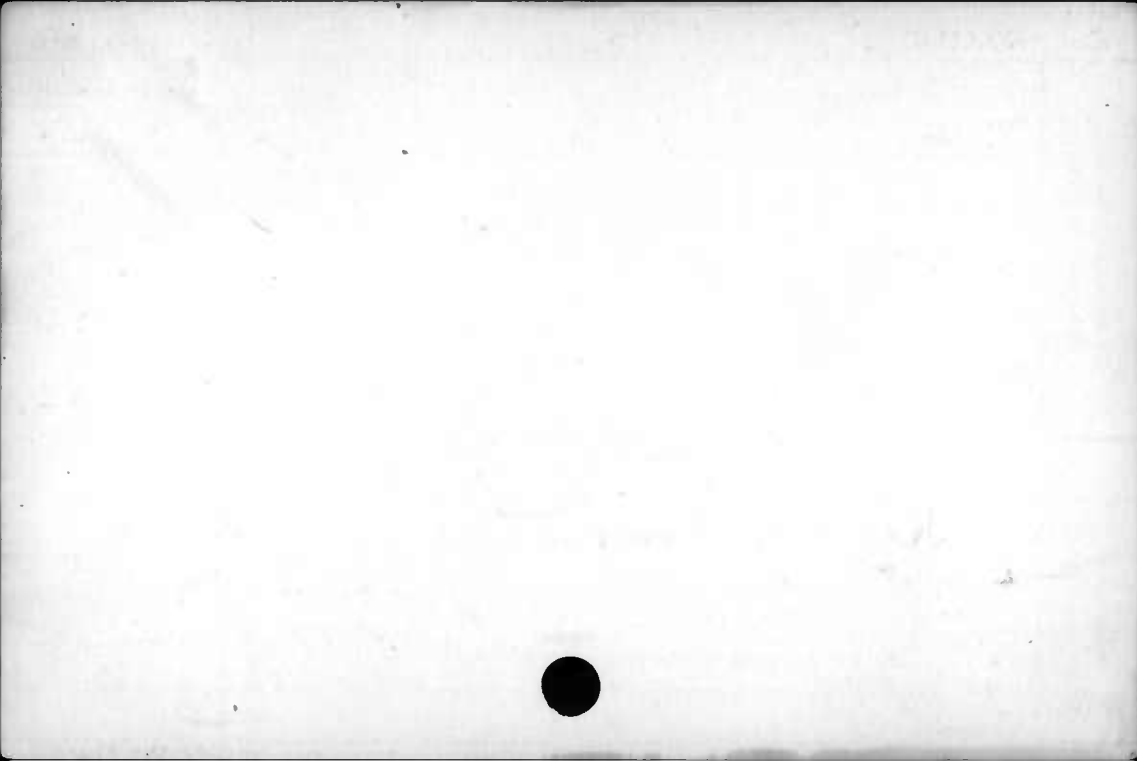
No

Signature of Physician

Address

P. Moore Sr. Rypl
Montgomery

Accident or Suicide?



Name
in
Full

Arthur Coates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt</i> ^{Town} <i>Harmony</i> ^{County} <i>Calvert</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>13</i>	Age <i>1</i> Years <i>1</i> Months <i>1</i> Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Mt Harmony</i>	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Samuel Coates</i>	Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Grimie Reed</i>	Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Samuel Coates</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>Five days</i>
Immediate <i>Heart Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. B. Brayshaw</i>
<i>8</i>	Address <i>Friendshaw</i>
	<i>MD</i>
Accident or Suicide?	



Name
in
Full

Elizabeth Gerato

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Huntingtown* ^{County} *Calvert* **MARYLAND**

Date of death *1908* ^{Month} *July* ^{Day} *22* ^{Years} *70* ^{Months} ^{Days}

Sex *Female* Color or Race *Black* Birth-place *Cal. Geo*

Occupation Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Not obtainable*Father's
Birthplace*Cal. Geo.*Mother's
Maiden Name*"**"*Mother's
Birthplace*"**"*Name of person giving
Information*George Hirsch*How related
to deceased*Grand Son*

CAUSES OF DEATH

79

Primary

Mitral Insufficiency

How long

2 yrs.

Immediate

Dr. pay

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

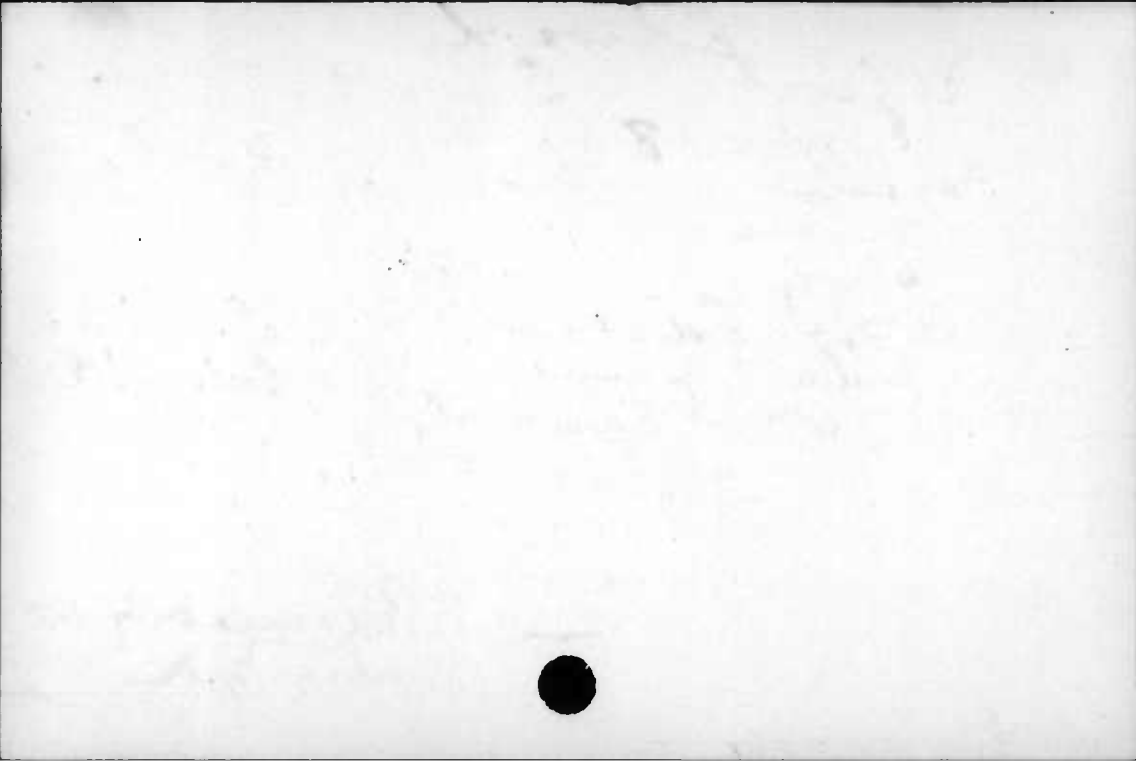
J. W. Fitch
Huntingtown
Geo.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Edwards				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Olivet Town		Calvert County		MARYLAND	
	Date of death	1908	Month	July	Day	18	Years
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Calvert Co Md	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Wm J. Edwards		Father's Birthplace		Calvert Co Md	
	Mother's Maiden Name	Ella V. Lusby		Mother's Birthplace		Calvert Co Md	
Name of person giving information	Wm J. Edwards		How related to deceased		Father		
<div>CAUSES OF DEATH</div> <div>176</div>							
PHYSICIAN OR CORONER	Primary	Protracted Labor				How long	24 hrs
	Immediate	Convulsions				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr J Chambers M.D.
					Address		Lusby Calvert Co Md
<div>Accident or suicide?</div>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Julia Brown*

Died at *Mechanic* Town *Chesapeake* County

State *MARYLAND*

Date of death *1908* Month *July* Day *9* Age *3* Years Months Days

Sex *Female* Color or Race *Caucasian* Birthplace *Baltimore*

Occupation _____ Where Residing if not at place of death *Mechanic Md*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Isaac T. Brown* Father's Birthplace *Baltimore*

Mother's Maiden Name *Rebecca Brown* Mother's Birthplace *Chesapeake*

Name of person giving information *John Brown* How related to deceased *Uncle*

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary *Whooping cough* How long *3 weeks*

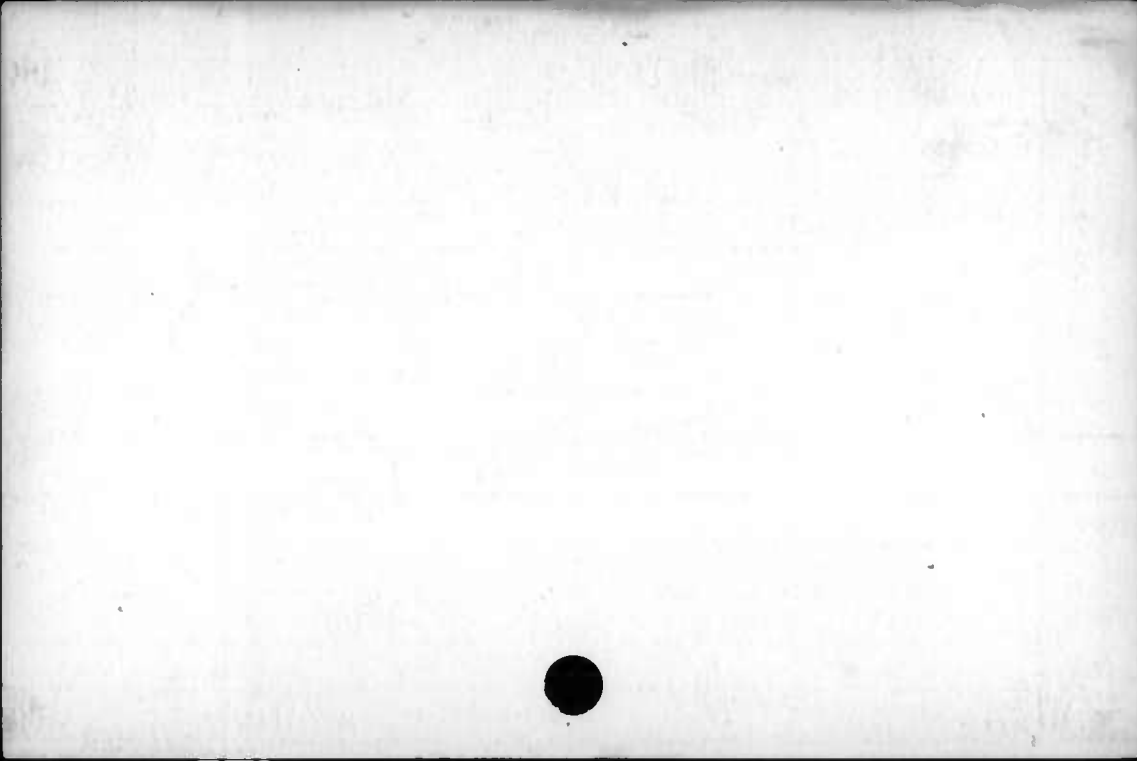
Immediate *Bronchial pneumonia* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *P. P. Buchanan*

Address *Mechanic Md*

Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Owings</i> Town <i>Calvert</i> County		MARYLAND			
Date of death <i>1908 July</i>	Month <i>July</i>	Day <i>6</i>	Age <i>—</i> Years	Months <i>8</i>	Days
Sex <i>Male</i>	<i>2</i>	Color or Race <i>White</i>	Birth-place <i>Owings, Md</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>A. Wilford Grover</i>	Father's Birthplace <i>Calvert Co. Md.</i>				
Mother's Maiden Name <i>Sarah Jane Stallings</i>	Mother's Birthplace <i>Calvert Co. Md.</i>				
Name of person giving information <i>Russell Grover</i>	How related to deceased <i>uncle</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. Mc Channy, M.D.</i>
<i>J</i>	Address <i>Channy, Md.</i>
Accident or Suicide?	



Name
in
Full

Ada Isabel Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

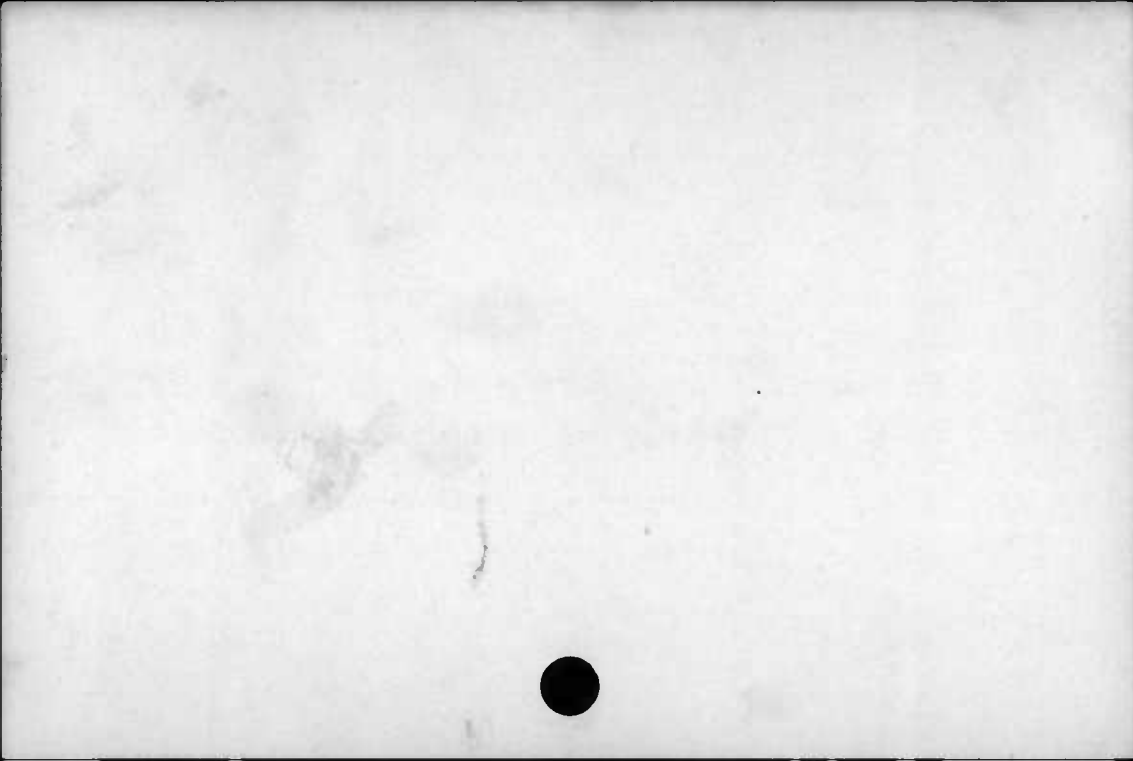
Died at		Town <i>Mt. Harmony</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>29</i>	Years <i>16</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Co. Md.</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Hall</i>					
Father's Name <i>James E. Hurdick</i>		Father's Birthplace <i>A.A.G. Md.</i>					
Mother's Maiden Name <i>Martha E. Kinnaf</i>		Mother's Birthplace <i>Calvert Co. Md.</i>					
Name of person giving information <i>James E. Hurdick</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>24 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. P. M. Chaney, Jr.</i>	
Address		<i>Chaney, Jr.</i>	
Accident or Suicide?			



Name
in
Full

J J Hance

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Plum Pt* Town

Leabrook County

Date of death *1908 July* Month

12 Day

Age *34* Years

Months

Days

Sex *Male*

Color or Race *White*

Birth-place *Leabrook Md*

Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *J J Hance*

Father's Birthplace *Leabrook Md*

Mother's Maiden Name *Mary Denton*

Mother's Birthplace

Name of person giving information *E J Hance*

How related to deceased *Cousin*

CAUSES OF DEATH

171

PHYSICIAN
OR CORONER

Primary *Lightning Stroke*

How long

Immediate

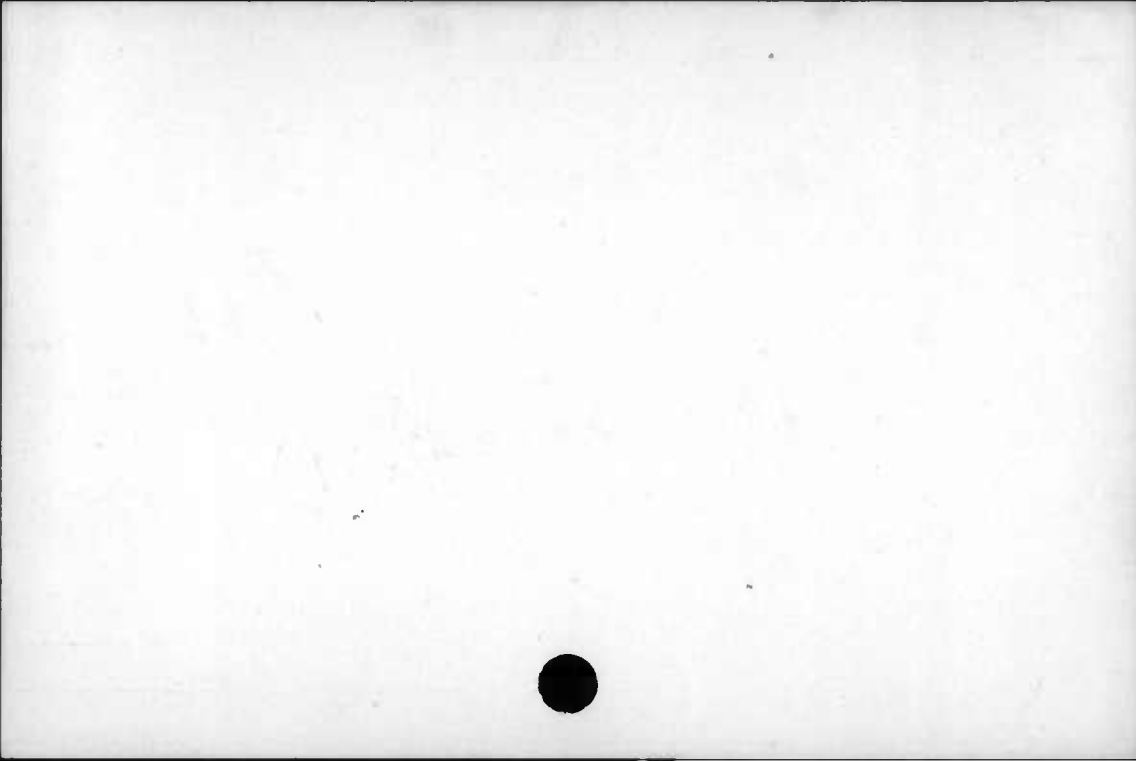
How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. E. Paddy*

Address *Pasadena Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

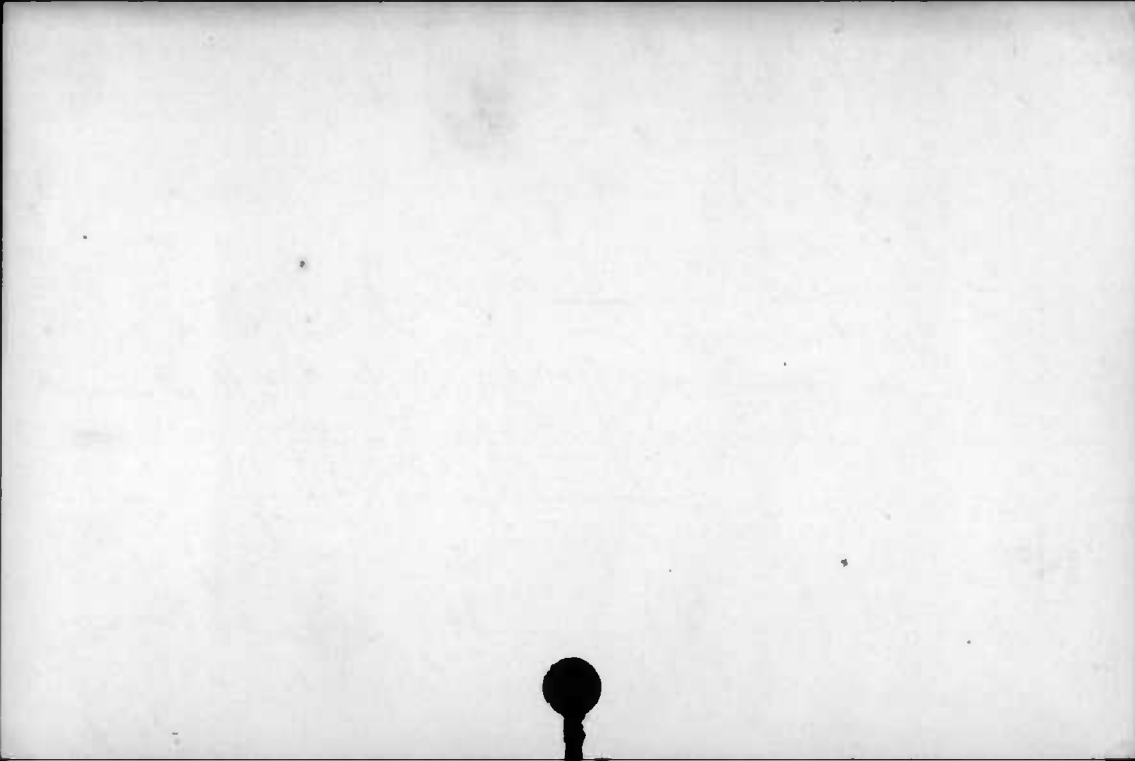
Name in Full <i>George W Heigh</i>		Town <i>Brown</i>		County <i>Calvert</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Brown</i>		<i>1908 May 22</i>		<i>54</i>		<i>—</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Calvert</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Caroline Smith</i>					
Father's Name <i>James Heigh</i>		Father's Birthplace <i>Calvert</i>					
Mother's Maiden Name <i>Isabella Gross</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>William Heigh</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		How long	
<i>Heart failure</i>		<i>one year</i>	
Immediate		How long	
<i>yes</i>		<i>one year</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J F Lusk, Subd</i>	
<i>Q</i>		Address <i>Brown Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

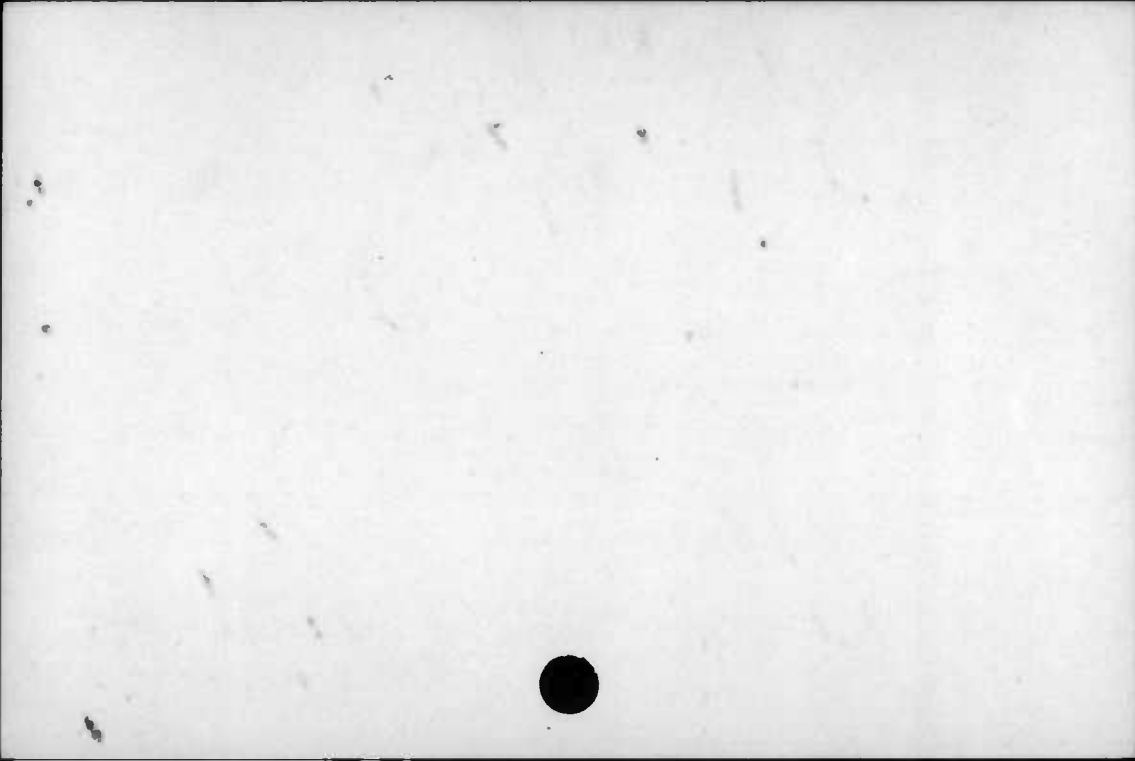
Name in Full <i>James Jones</i>		Town <i>Willons</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Willons</i>		Month <i>July</i>		Day <i>21</i>		Years <i>75</i>	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>21</i>		Age <i>75</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Sunderland, Md.</i>		Months — Days —	
Occupation <i>Farmer</i>		Where Residing If not place of death <i>Same as place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Jones</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Richard Jones</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>General Paralysis</i>	How long <i>1 month</i>
Immediate <i>Dyspnoea</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Talbot</i>
	Address <i>Ches Beach, Md.</i>
Accident or Suicide?	



Name
in
Full

Theodore Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

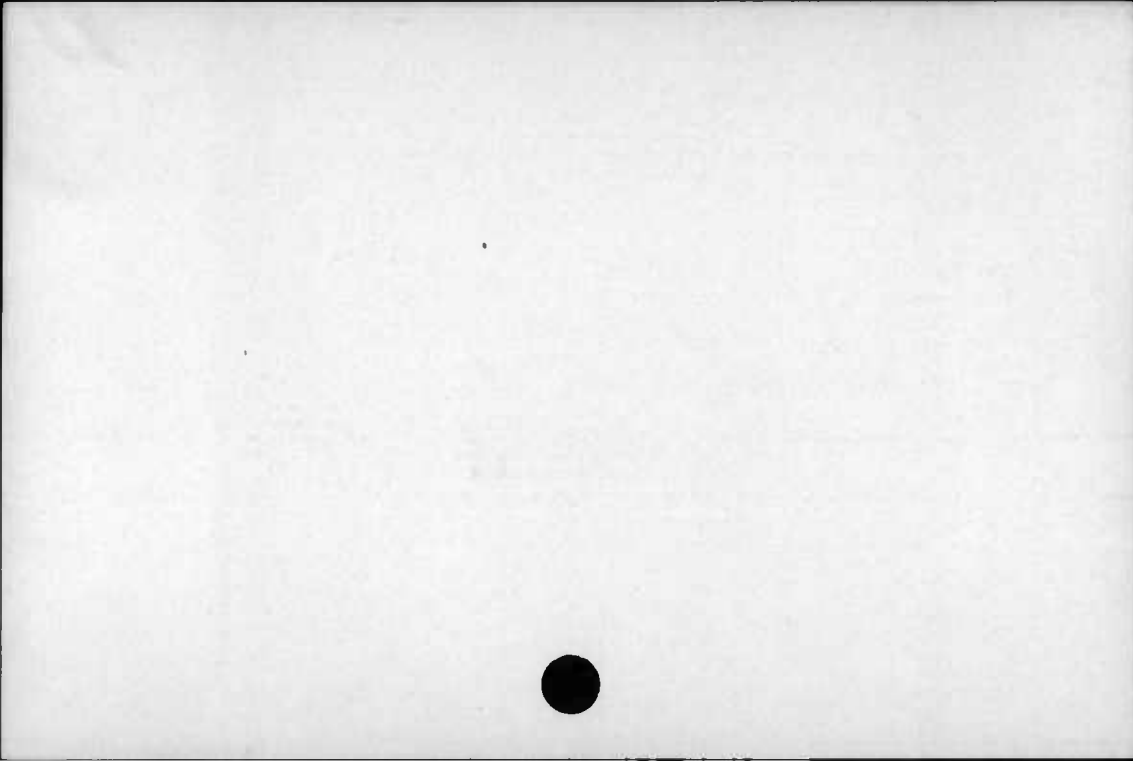
Died at		Town Willerms		County Calvert		MARYLAND	
Date of death		1908	Month July	Day 7	Age	Years	Months 10
Sex		male		Color or Race		Black	
Occupation				Birth- place		Cal. lev.	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Levi Jones			
Father's Birthplace				Cal. lev.			
Mother's Maiden Name				Alice Parnes			
Mother's Birthplace				" "			
Name of person giving In formation				Prof. M. M. M. M.			
How related to deceased				1 Brother			

CAUSES OF DEATH

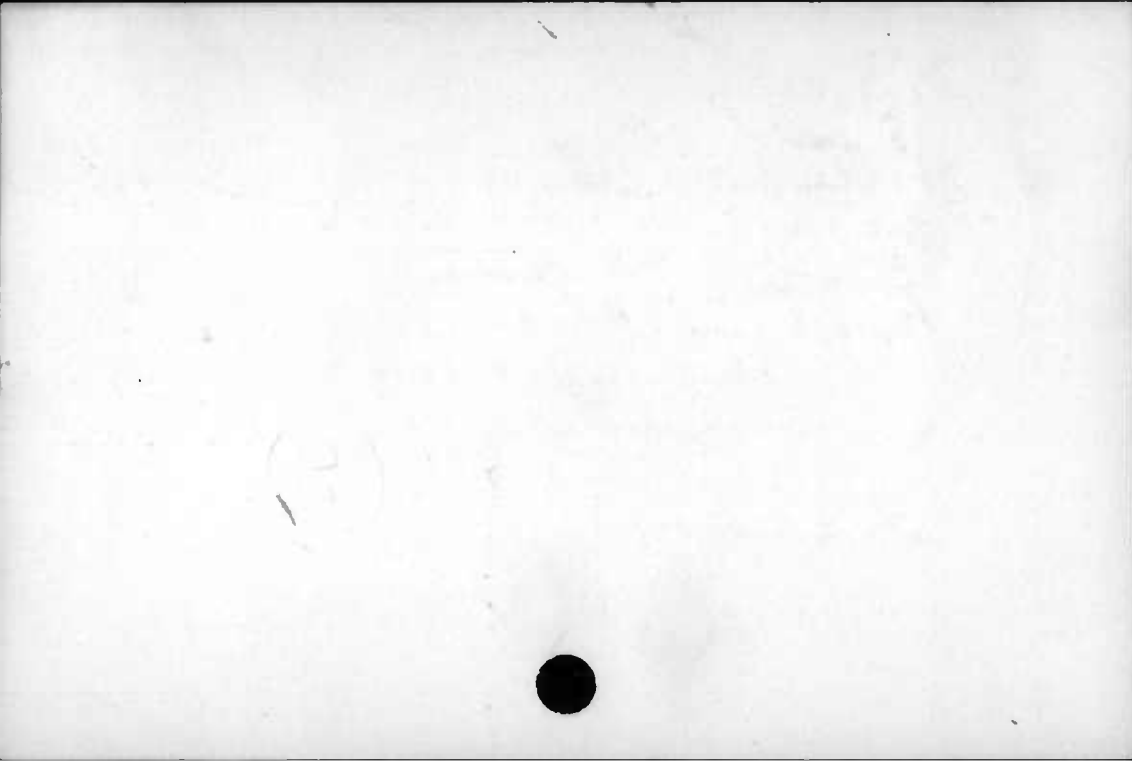
105

PHYSICIAN
OR CORONER

Primary	Diarrhoea	How long	2 wks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. W. Fitch	
Address		Shuntingtown, Ind.	
Accident or Suicide?			



Name in Full		Philips				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Newtown		Calvert		MARYLAND		
	Date of death	1908	July	19	Age	Months	Days	
	Sex	Male		Color or Race	Colored			
	Occupation	Woman		Where Residing if not at place of death		Birthplace		
	Married, Single or Widowed		Single		Name of Wife or Husband		Calvert Co Md	
	Father's Name		Richard Philips		Father's Birthplace		Calvert Co Md	
Mother's Maiden Name		Christine Wilson		Mother's Birthplace		Somerset Co Md		
Name of person giving information		Richard Philips		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Still born		How long		(S)		
	Immediate			How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature Physician		L. J. Chambers	
	Address				Address		Sub registration 2137 N Lusby Calvert Co Md	
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

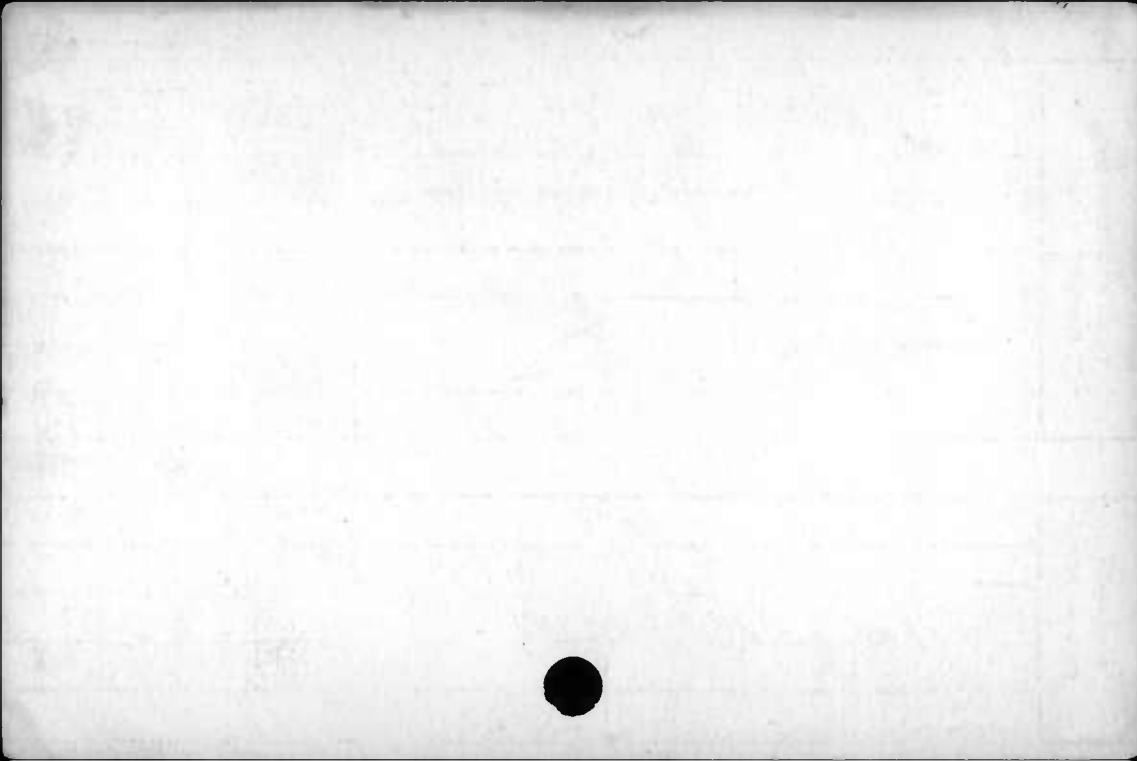
Died at <u>Island Creek</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Year</small>		<u>July</u> <small>Month</small>	<u>6</u> <small>Day</small>	<u>22</u> <small>Years</small>	<u> </u> <small>Months</small>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Calvert Co.</u>	
Occupation <u>housewife</u>		Where Residing if not at place of death <u>Belt City Md</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Willie Pitcher</u>			
Father's Name <u>Geny. Paddy</u>		Father's Birthplace <u>Calvert Co.</u>			
Mother's Maiden Name <u>do not know</u>		Mother's Birthplace <u>Calvert Co. Md</u>			
Name of person giving information <u>Geny Pitcher</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>one year</u>
Immediate <u>In an attack</u>	How long <u>11 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>P. Brannen Sub Rys</u>
<u> </u>	Address <u>Mt. Airy</u>
Accident or Suicide?	<u> </u>



Name in Full

Certificate of Death

Died at <u>Amoria Reed</u>		Town		County		<u>Calvert</u>		MARYLAND	
Date 1908 <u>July 29</u>		Month . Day		X. M. <u>X.</u>		Native of		Occupation	
<u>Male</u>		<u>White</u>		<u>Married</u>		<u>Widow</u>		<u>Divorced</u>	
Female		Colored		Single		<u>Widower</u>		<u>Number of children living</u>	
Husband of									
Wife									
Father's Name		<u>Joseph Reed</u>		Mother's Maiden Name		<u>Francis Gray</u>			
Cause of		Primary		<u>Diarrhoea</u>		(105)		How long sick	
Death		Immediate						Accident, Suicide, Homicide	
Reported by		<u>Joseph Reed</u>							
Address									
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.									



Name
in
Full

Alice R Sherbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chamneyville		County Calvert		MARYLAND	
Date of death		1908	Month July	Day 13	Age 38	Years	Months Days
Sex Female		Color or Race White -		Birth- place Calvert Co			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Maurice Sherbert			
Father's Name		Benj. L Hardesty		Father's Birthplace Calvert			
Mother's Maiden Name		Rebecca Wood		Mother's Birthplace Calvert			
Name of person giving Information		W H Hutchins		How related to deceased Friend			

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	Puerperal Fever	How long	Six days
Immediate	Heart Exhaustion	How long	one hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J L Brayshaw	
Address		Friendship Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Nancy Smallwood</i>		Town <i>Barstow</i>		County <i>Calvert</i>		MARYLAND			
Died at		Date of death <i>1908</i>		Month <i>July</i>	Day <i>20</i>	Age <i>86</i>	Years <i>86</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Calvert Co</i>					
Occupation <i>Housework</i>		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband <i>Not Obtainable</i>							
Father's Name <i>Benj' Gross</i>		Father's Birthplace <i>Calvert Co</i>							
Mother's Maiden Name <i>Amie Patterson</i>		Mother's Birthplace <i>Calvert Co</i>							
Name of person giving information <i>Emanuel Russell</i>		How related to deceased <i>—</i>							

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. L. M. King</i>
	Address <i>Barstow Md.</i>
Accident or Suicide?	



Name
in
Full

Clifton Stallings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rhum Point</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>26</i>	Age <i>20</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cal. Co.</i>				
Occupation <i>farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband <i>Martin Minnell</i>					
Father's Name <i>James Stallings</i>		Father's Birthplace <i>Cal. Co.</i>					
Mother's Maiden Name <i>Maeie Crosby</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Jas. Stallings</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Fitch</i>
	Address <i>Huntingtown, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

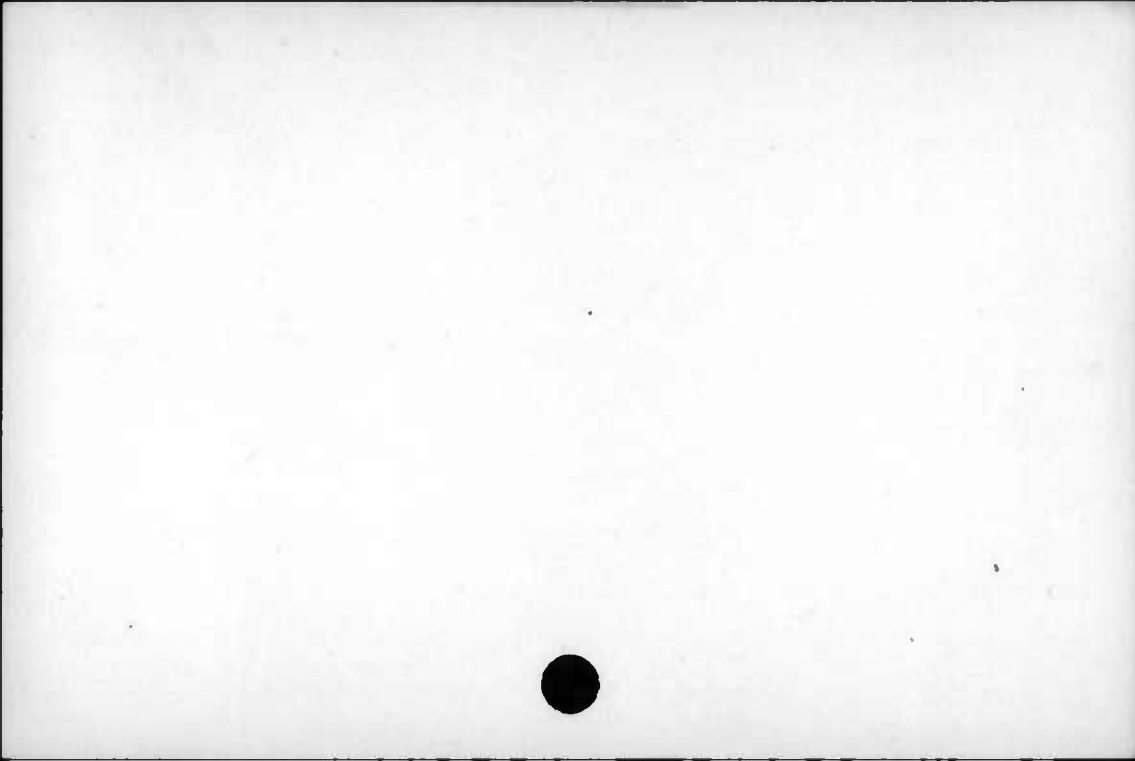
Name in Full <i>Raley M. Thomas</i>		Town <i>Parran</i>		County <i>Leobach</i>		MARYLAND		
Died at		Date of death <i>1908</i>		Month <i>July</i>	Day <i>13</i>	Years <i>2</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>Leobach</i>		Birth-place <i>Parran</i>				
Occupation		Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband						
Father's Name <i>William Thomas</i>		Father's Birthplace <i>Bullo Ind</i>						
Mother's Maiden Name <i>Messilla Jones</i>		Mother's Birthplace <i>Leobach</i>						
Name of person giving information <i>William Thomas</i>		How related to deceased <i>Father</i>						

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. E. Paddy</i>
	Address <i>Parran Ind.</i>
Accident or Suicide?	



Name
in
Full

Herbert Edwin Lucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Buena Vista</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>10</i>	Years —	Months <i>6</i>	Days —	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>			
Occupation <i>none</i>				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name <i>Lucker</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Alice Smith</i>				Mother's Birthplace <i>St Marys "</i>			
Name of person giving information				How related to deceased —			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. M. King</i>	
—		Address <i>Barstow</i>	
Accident or Suicide?		<i>mid</i>	

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